SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CITY-ST-ZIP

SIGNATURE:

Jul 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # 002990 (\mathbf{O}) 1. Corporation Name DOZIER & GAY PAINT COMPANY Principal Place of Business Mailing Address 3529 ENTERPRISE WAY 3529 ENTERPRISE WAY GREEN COVE SPRINGS FL 32043 **GREEN COVE SPRINGS FL 32043** DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 05/27/1905 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-0224423 21 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 25 Personal Property Tax due June 30. XX Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KOPOLOUSOS, JOHN 81 Name 1279 KINGSLEY AVE., SUITE 118 82 Street Address (P.O. Box Number is Not Acceptable) P 0 BOX 3176 **ORANGE PARK FL 32073** 83 City Zip Code 85 Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signalure, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/98) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE DELETE XXX Change Addition C/D SLADE, TOM JR. NAME 1.2 NAME SLADE, TOM JR. 2245 MAIN ST. STREET ADDRESS 1.3 STREET ADDRESS 3529 ENTERPRISE WAY JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP FI 32043 Change Addition GREEN COVE SPRINGS, TITLE DELETE 2.1 TITLE KOPOLOUSOS, JOHN NAME 2.2 NAME 1279 KINGSLEY AVE., SUITE 118 STREET ADDRESS 2.3 STREET ADDRESS ORANGE PARK FL CITY-ST-ZIF 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE 70000259430°/ -07/21/98--01080--019 DELETE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIF

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an althorizontal with an address.

***150.00

FILED



paye 2

July 1, 1998

Division of Corporations Annual Reports Filings PO Box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed is our Profit Corporation Annual Report for 1998 and a check for \$150.00. July 1, 1998 we received our *first notice* to file this report, we did not receive a notice prior to this one. Please waive the \$400 late charge, this is the first time we have requested a late fee be waived.

Sincerely,

Janice L. Martin Controller